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AD844156

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 44TH MEDICAL BRIGADE  
APO 96307

AVCA-MB-PO

15 August 1966

SUBJECT: Operational Report on Lessons Learned for Quarterly  
Period Ending 31 July 1966 (RCS CS FOR-65)

THRU: Commanding General  
1st Logistical Command  
ATTN: AVCA-GO-M  
APO 96307

Commanding General  
United States Army, Vietnam  
ATTN: AVC (DH)  
APO 96307

Commanding General  
United States Army, Pacific  
ATTN: GPOP-MH  
APO 96558

TO: Assistant Chief of Staff for Force Development  
Department of the Army  
Washington, D.C. 20310

SECTION I, SIGNIFICANT ORGANIZATIONAL ACTIVITIES

1. During the period covered by this report, this headquarters has continued to work out the problems encountered by most newly organized headquarters of similar type and composition, while accomplishing the assigned mission of command, control, staff planning, and supervision of operations and administration of of the three (3) assigned Medical Groups, in addition to the other assigned medical units. Some of these problems have been directly related to brigade organizational structure.

2. Action was taken to correct staffing difficulties within certain of the brigade headquarters staff sections. One of these staff sections was the Plans, Intelligence, and Operations Section. When the brigade became operational on 1 May 1966, this section was staffed with one (1) Lieutenant Colonel as S3,

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one (1) Lieutenant Colonel as Chief, Plans, Operations and Intelligence, one (1) Major as Assistant Chief, Plans, Operations and Intelligence, and one (1) Captain as Operations Officer. This staffing reflects one (1) operations officer over that authorized by TOE, however, this staff section could not efficiently operate with less officer personnel in the operations portion of the section. Currently, there are ninety-six (96) medical units assigned to the brigade. These units, with the exception of dental units, preventive medicine units, veterinary units, depots, and the 9th Medical Laboratory, are further assigned to one of the three (3) Medical Groups, i.e., the 43rd Medical Group, the 55th Medical Group and the 68th Medical Group. The number of action papers and correspondence definitely precludes the assignment of less than four (4) officers (three field grade and one company grade) to take care of planning and operational matters. One of these officers, at present, must devote approximately sixty (60) percent of his total time to medical aviation matters. This is due primarily, to the tremendously important role played by the air ambulance companies, in regard to the overall support provided in accomplishing the medical mission in Vietnam. The senior Medical Service Corps Aviator should be assigned to the Plans, Intelligence and Operations Section as the Brigade Medical Aviation Officer.

3. A significant amount of classified material was processed by personnel of the Plans, Intelligence and Operations Section during this period. This could have easily required the full-time efforts of one individual in maintaining and recording classified documents, however, no provision is made for this in the present brigade TOE. Consistent also with the greater correspondence responsibilities, is the need for additional clerk typists in this section of the brigade headquarters. Assigned clerk typists have encountered many difficulties in maintaining a stable work flow of correspondence which is generated on a daily basis.

4. Through daily operations, it was determined that Operations Sergeants require a special and definite background pertaining to medical operations, and should be well-trained in this field before being assigned to a Medical Brigade Plans, Intelligence and Operations Section. Under combat conditions, it may be too late for an individual to learn the techniques and responsibilities required. This MOS should only be awarded to those non-commissioned officers and personnel who perform this duty. As there is no school available for an individual to learn these techniques, only enlisted personnel in grade E6 or above, who have received field type training, preferably in combat medical battalions, and are well-versed in medical operations, should be awarded MOS 91Z50. Some difficulty was experienced in the Plans, Intelligence and Operations Section, with respect to this matter.

5. Another staffing problem was solved by placing the Medical Statistics personnel under the staff supervision of the Brigade S3. It was found that retaining these personnel under the Personnel and Administration Section was not as efficient as placing them within the Plans, Intelligence and Operations Section. These personnel maintain a close working relationship with the Medical Regulating Officer and operations personnel. It was also necessary to augment medical statistics personnel with two (2) additional enlisted men. Also during this period, the Medical Groups were relieved of their responsibility for consolidating medical records and reports for their assigned and attached medical treatment facilities. Medical treatment facilities now report directly to the Medical Statistics Personnel at brigade headquarters. This new policy has reduced the time factor in the transmission of medical records and reports and these reports and records are now expeditiously processed by trained personnel. This new system has also resulted in an improvement in the quality of medical records, and the ability to comply with command suspense dates.

6. The brigade Medical Statistics personnel also initiated a training session program for hospital registrars and administrative officers, who continually experience difficulties in the submission of accurate medical records and reports. The registrar officer will now report to the brigade headquarters, and will prepare his records and reports under the supervision of personnel of the medical statistics portion of the Plans, Intelligence and Operations Section.

7. In the field of Medical Regulating, new directives have been published by the Brigade Medical Regulating Officer assigning area responsibilities to each Medical Group, for the proper regulation of patients within their geographical areas. This has proven to be an effective system, however much work still remains to be done in this area. Overall in-country transfer of patients between Medical Groups is controlled by the Brigade Medical Regulating Officer, who also acts as the Medical Regulating representative of 1st Logistical Command. Many problems contrary to standard medical regulating doctrine have been encountered and overcome, however, one critical problem area still remains, and that is the vital necessity for a better communications system for medical regulating. Action is being taken to overcome this problem. Medical Regulating is a 24 hour operation, and at present, the Medical Regulating Officer has no assistant by TOE. He has been operating with the assistance of medical statistics personnel, which causes manning problems. Out-of-country Medical Regulating is the responsibility of the Far East Joint Medical Regulating Office, and the brigade Medical Regulating Officer controls only out-of-country Malaria patients. This officer functions as a part of the Plans, Operations Section as provided by TOE.

8. In order to provide a more timely system of reporting of intelligence information, a program was started which utilizes an intelligence spot report form. This system provides a uniform and comprehensive method of obtaining information from a valuable source, the patient. So far, this system has proven most successful, and information is relayed promptly and accurately to the Security Division, 1st Logistical Command, according to published directives.

9. The Personnel and Administration Section of the brigade was confronted with several significant problems initially following the date on which the brigade became operational. The first of these was the necessity to establish an administrative section capable of supporting a brigade-size headquarters. In assuming the operational control of various subordinate units, which were already operational, the most significant questions to be answered immediately was one heard most frequently "how do you want us to do that?" Directives were written in response to many of these queries before operations could continue. Another problem which had to be overcome was the collection of reference material and a library of regulations and other directives from higher headquarters. The more frequently used directives were often not available. Also, despite an initial requisition of Army Regulations and other publications prior to departing CONUS, the same thing was found to be true, the regulations needed the most were not among those received. A requisitioning system was rapidly established for all types of publications, but has been less than responsive, though it continues to improve.

15-9-12

10. Liaison was made with the Local Support Command for administrative support of the Brigade Headquarters Detachment when it was discovered that the Personnel and Administration Section of the brigade was insufficiently staffed to handle even its own personnel and finance records. This was accomplished also for the various units reporting directly to the brigade. Visits to other Support Commands demonstrated that routine personnel actions could more efficiently be handled by those commands rather than through command channels. The necessity for this soon became apparent as the administration workload has grown rapidly since the brigade became operational.

11. With regard to the administrative workload, it is recognized that the TOE staffing of the Personnel and Administration Section is inadequate to accommodate a workload consisting of all the activities of a CONUS based unit, together with that imposed by a combat situation. The processing of awards and decorations alone requires the full time efforts of one clerk typist. The need for an experienced Personnel Officer was immediately apparent with a Captain, MSC, being added in July 1966. Also, the requirement imposed by the TOE for the Brigade Sergeant Major to be the Headquarters Detachment 1st Sergeant was found to significantly reduce effectiveness in both positions. Clerk typists with no prior experience was another challenge to be met. Fortunately those personnel were intelligent and willing to learn. The teaching process continues, even at this time.

12. During this period, the Medical Supply and Maintenance Officer, TASCOM Section was combined with the S4 section of the brigade to unify the supply activity. The consolidation increased the S4 capability for liaison visits to subordinate units, in addition to a more closely coordinated supply staff.

13. When the brigade arrived in Vietnam, the initial problem for the Preventive Medicine Officer consisted of separating the preventive medicine activities from the office of the Director of Medical Service, 1st Logistical Command. This consisted of relocating the Preventive Medicine Section physically from the Director's office. There remained a continuity of preventive medicine activities and administration, however, primarily due to the same Preventive Medicine Officer at 1st Logistical Command being assigned as the Brigade Preventive Medicine Officer. The brigade presently has operational control over one (1) Preventive Medicine Company and two (2) Preventive Medicine Survey Detachments. At the outset, the Brigade Preventive Medicine Officer encountered a certain amount of passive resistance from these units in most contacts and transactions. It appeared that these units felt that the brigade was just an additional headquarters. In addition, one of these preventive medicine units had been on duty in Vietnam since late 1962, without apparent adequate supervision, and had developed problems in technical operations and administration. Through tactful discussion with key personnel of this unit, those problems were resolved and presently the unit is functioning with a higher degree of efficiency.

14. On 17 June 1966, Chaplain (Lt Col) Cauthian T. Boyd joined the brigade headquarters, and was assigned as the Brigade Chaplain. Sixteen (16) chaplains were already performing assigned duties with medical units of the brigade. One (1) additional chaplain arrived with the 24th Evacuation Hospital on 10 July 1966. The medical brigade now has a total of seventeen (17) chaplains, which is the number authorized by TOE. Each hospital has an assigned chaplain present for duty, and each Medical Company (Clr). An orientation and familiarization visit was completed by the Brigade Chaplain to each hospital and medical unit with an assigned chaplain. These visits were made to assist in organizing the Brigade Chaplaincy program into a unified moral working force to the greatest good for the greatest number of personnel assigned to this brigade. All chaplains find the challenges in the hospital situation both stimulating and satisfying. Chaplains have been instructed in the forwarding of the DA 16-1 reports (Quarterly Religious Activities and Character Guidance Report) through the appropriate Medical Group headquarters to brigade, where they will be consolidated and forwarded through channels to the Chief of Chaplains, Department of The Army.



15. On 3 May 1966, all dental units were reassigned from the Medical Brigade (Provisional) to the 44th Medical Brigade. On 6 May 1966, the 40th Medical Detachment (KJ) arrived in Vietnam, and became operational on 1 June 1966. Colonel W. Z. Brown arrived in Vietnam on 7 May 1966, and was assigned as Brigade Dental Surgeon. The 38th and 39th Medical Detachments (KJ) arrived in Vietnam on 4 June 1966, and became operational on 15 July 1966 and 21 July 1966, respectively. Lieutenant Colonel George F. Mayer departed Vietnam on 3 July 1966, and Colonel W. Z. Brown assumed command of the 932d Medical Detachment (AI), and maintained the position as Brigade Dental Surgeon.

16. During this report period, the number of brigade dental clinics have increased from thirty-seven (37) to forty-three (43). The number of dentists have increased from 101 to 153 and the number of dental personnel has increased from 231 to 358. At present, there are four (4) dental clinics under construction, and two (2) planned. The 38th, 39th, and 40th Medical Detachments (KJ) required an average of thirty-eight (38) days after arrival in country to become fully operational. This is an excessive loss of professional man hours. A solution would be to have the professional complement arrive after the equipment reaches Vietnam, and the unit is in position to become operational. There were seven (7) Medical Dispensaries (Teams MA and MB) and one (1) Maxillo-Facial Team (KJ), which arrived between 1 May 1966 and 31 July 1966. The eight (8) dentists and thirteen (13) assistants from these teams are being utilized in existing dental facilities, until their teams become operational. The 6th Convalescent Center, with its five (5) dentists, became operational on 25 July 1966.

17. There is a problem of area dental support, due to two (2) command channels and several units with dentists in the same area. The Medical Detachment (KJ) commander in each area, has been instructed to coordinate with the Medical Group in his area, to prevent overlap of areas responsibility. During the months of May, June, and July 1966, 3, 515 Vietnamese civilians were treated, and 4,355 teeth extracted in remote villages, orphanages, and refugee camps. Dentist also gave nineteen (19) lectures at the School of Dental Medicine, University of Saigon, and Vietnamese military dentist observed American techniques in dental clinics of the brigade. In the area of continuing education, a dental newsletter is published monthly, and monthly professional meetings are given in Saigon and Long Binh. Lectures are given by the Preventive Dentistry Officer to outlying clinics, and professional films are circulated to dental units. Vietnamese and Korean dentist are invited to these functions.



18. Maintenance problems began to occur with the Encore High Speed Dental Machines. Lack of user maintenance was the principle cause of failure. A maintenance directive was published and distributed, and a maintenance course was given for dental assistants. The Dental Service Detachment (KJ) is authorized six (6) generators totaling 22.5 KW. The addition of high speed dental machines, autoclaves, X-ray machines and refrigerators, has resulted in insufficient electrical power. A 45-60 KW power source is needed to operate a Dental Team (KJ) in Vietnam. The second Quarterly Dental Commanders Meeting was held on 6 July 1966. An orientation was given on the overall dental support and various chains of command in Vietnam. Problems of area dental service, preventive dentistry, manpower, supply, maintenance, weapon safety, and efficiency reports were discussed. Guest lecturers spoke about oral surgery, Vietnamese military dentistry and civil actions. Briefings were given on enlisted promotions, efficiency reports, IG inspections, dental forms, dental reports, and the other reports required by higher headquarters.

19. On 13 May 1966, a Letter of Instruction was sent to the 4th Medical Detachment (JB) (Veterinary Food Inspection) outlining the units' mission and directing it to assume command and control of all veterinary units assigned to the brigade. These included the 75th Medical Detachment (JA), and the 936th Medical Detachment (ID). Colonel Forbort R. Faust is assigned as the Brigade Staff Veterinarian. During the early part of May 1966, the veterinary units were the first in this brigade to undergo an AGI inspection, conducted by 1st Logistical Command. Except for an number of minor deficiencies, these units were reported as satisfactorily performing their primary missions. Following initial orientation visits to unit sites and operational areas, the Brigade Veterinarian and the Commanding Officer, 4th Medical Detachment, reviewed veterinary resources for adequacy to support current and planned contingencies, and on 30 July 1966 submitted requirements for additional units.

20. Other significant veterinary activities during this period included inspection of all food received, stored and issued; surveillance of sanitation at food handling facilities and on carriers; operation of a zoonosis control program; care of military sentry and scout dogs and treatment of authorized, privately-owned pets. A further activity was the support of civic actions. The scope of these activities was indicated by the following statistics for the period; 685,000 short tons of food was inspected under all classes of inspection; initial and routine sanitary inspections totaled over 1,400; forty-seven (47) animals were quarantined as rabies suspects, and eight hundred (800) were immunized against communicable diseases; care of war dogs, including hospitalization and outpatient treatment of pets totaled over 1,500; and thirty-five (35) civic actions were supported and completed.

21 Major problems encountered during the report period involved inadequate staffing, personnel and equipment shortages and laboratory service. The Brigade Staff Veterinarian requires a full-time clerk-typist. TOE veterinary units in the D-series lack sufficient personnel to cope with the huge administrative workload imposed by higher headquarters, particularly those reports which have little direct bearing on the unit's primary functions. Assistance by Saigon Support command has helped, but this is not the solution to the problem. In January 1966, USARPAC approved reorganization of the 4th Medical Detachment from a Team (JA) (Augmented - 4 officers and 15 EM) to a Team (JB) (12 Officers and 42 EM). The unit remained as much as 30% understrength until requisitioned replacements began arriving in mid-June and July 1966. Lack of sufficient vehicles was a particularly acute problem for the 4th Medical Detachment during this period, because the unit is spread over II, III, and IV Corps to provide veterinary service on an area basis. The reorganization, referred to above, authorized additional vehicles, however, requisitions remain unfilled even after all efforts by the unit and brigade. Some transportation support was provided by the Saigon Support Command, but personnel at Vung Tau, Can Tho, An Kho, Pleiku, Cu Chi, Long Binh, and Phan Rang are still without assigned vehicles. Laboratory support of disease control and food inspection by the base laboratory in Japan became inadequate due to the nonreliability of air shipment. Temporary support from other sources was obtained until the 9th Medical Laboratory became operational.

22. A major achievement of the veterinary service during this report period has been the increased inspection coverage for all subsistence at receiving, storage and issue points. Inspection emphasis was directed at improving basic food handling practices involved in both refrigerated and nonrefrigerated storage, and during the shipping of foods. A marked improvement in the quality and condition of products at the user level has been noted. Recognizing the need for veterinary service as far forward as possible, personnel have been assigned to division and brigade base camps at Cu Chi, Long Binh, Phan Rang, and in the I Corps area at Chu Lai. This forward coverage has been essential to the program of feeding A-rations to troops whenever possible, and to provide veterinary care for war dogs used on combat patrols. A veterinary civic action capability was developed from assigned resources. In addition to several limited actions completed, a major effort was undertaken at the request of the 1st Infantry Division in support of a pacification program. Veterinary support of this operation, which is still in progress, is provided by a team of one officer and an enlisted specialist. This effort is proving very successful, and has even included treatment of farm animals wounded by artillery fire.

## SECTION II, COMMANDERS OBSERVATIONS AND RECOMMENDATIONS

### Part I, OBSERVATIONS (Lessons Learned)

#### EQUIPMENT REQUIREMENTS FOR MEDICAL UNITS

- ✓ 1. Item: Climatic conditions of Vietnam dictates equipment for tropical operation.

Discussion: Medical Units require supplemental equipment medical and non-medical items, to effectively support the treatment of patients in Vietnam. Current assemblages are inadequate in this theater. Items such as, refrigeration, freezers and many medical items are necessary when unit arrives in country. Equipment list has been compiled and submitted to USARV.

Observation: Medical units do not require all equipment presently authorized as WABTC (when authorized by theater of operations commandor) to cope with the tropical climate of Vietnam, but additional items are required. Equipment should be issued in the United States and brought in country only after screening action by TOC. Equipment depends on type of medical unit concerned.

#### PERSONNEL

2. Item: Supply and medical maintenance personnel are not authorized in sufficient number and/or their level of training has not been adequate.

Discussion: Evacuation Hospitals are authorized a short-course medical maintenance man who cannot satisfactorily maintain the equipment. Also, with the additions of equipment for definitive, the short-course graduate is not adequately trained.

Observation: Evacuation Hospitals (400-Beds) require one long-course trained medical maintenance man, in addition to the presently authorized short-course medical maintenance man.

3. Item: Training of supply personnel prior to filling TOE positions overseas.

Discussion: Medical and general supply personnel carry a supply MOS without the necessary training to perform during the initial phase of operations. No adequate training facilities were available during the build-up phase in this theater of operations. The lack of trained stock control, property book and generally trained supply men caused a hardship on the unit as well as the individuals.

Observations: Medical supply and general supply personnel require intensive training prior to being assigned to a theater of operations.

## MEDICAL STATISTICS

4. Item: Establishment of a USARV Central Medical Records Agency.

Discussion: Accurate Medical recording and reporting has been a major problem in Vietnam. Also, it has been noted that statistical voids and/or statistical disparities exist within the command. The need exists for a USARV Central Medical Records Agency. Such an agency exists in the European Command, and has effectively reduced the errors in medical reporting. A records agency is adequately staffed to cope with the mirage of problems that currently exist in the reporting system. An agency is capable of generating total statistics for the command, and provides this data to commanders at all echelons, upon their request.

Observation: A Central Medical Records Agency should be established in Vietnam.

## SANITARY LANDFILLS

5. Item: Inadequate operation of sanitary landfills for disposal of waste generated by the military.

Discussion: Several reports of insanitary operation of landfills were forwarded through command channels to responsible persons. Those reports did not result in improvement in the operation. The sanitary fills, in some instances, were nothing more than open-faced dumps harboring rodents and breeding flies. This constituted a potential health hazard.

Observations: A Sanitary Engineer made a series of color slides of some of the landfills. Those slides showed, in detail, the insanitary operating conditions of the landfills. The slides, with a discussion, were presented to the Deputy Commanding General, 1st Logistical Command, and personnel of the Office of the Engineer. The presentation also noted how a sanitary landfill should be operated, and in some instances depicted landfills before and after proper operation. The Deputy Commanding General indicated that he would give strong support to a program to insure the proper operation of sanitary landfills within the command.

## MEDICAL BRIGADE TOE

6. Item: Assignment of an officer in the grade of Captain, MOS 3005, to the Medical Brigade Preventive Medicine Section.

Discussion: The TOE of the Brigade Preventive Medicine Section authorizes an officer in the grade of Lieutenant Colonel, MOS 3005. This space has been filled by a Captain since the brigade became operational on 1 May 1966.

Observation: The company-size preventive medicine units are commanded by an officer in the grade of Major or higher. The staff functions of the Brigade Preventive Medicine Officer with subordinate units, and with the staffs of higher headquarters requires the prestige and military experience of a Lieutenant Colonel.

#### RETENTION OF CHAPLAINS IN MEDICAL CLEARING COMPANIES

7. Item: Chaplains are needed in Medical Clearing Companies and should be retained as vital members of the professional supporting staff.

Discussion: Even though Medical Clearing Companies are not presently utilized in the regular traditional medical evacuation chain, they do, however, provide great flexibility, in increasing or decreasing the needed bed capacity of existing hospitals. Clearing Companies are also used as auxiliary hospitals, separate and apart from a hospital facility. Clearing Companies are being used to increase the professional capability of hospitals, in providing maximum medical aid and care for the patients. The Chaplain is a basic member of this professional team.

Observation: The location and current functioning of Medical Clearing Companies very definitely warrants the continued assignment of Chaplains, in providing adequate religious and moral services for patients and company personnel.

#### MAINTENANCE OF HIGH SPEED DENTAL MACHINES

8. Item: The Encore High Speed Dental Machine (Unit), first utilized in Vietnam, is experiencing increased maintenance problems.

Discussion: Evidence of maintenance problems began to occur with the Encore High Speed Dental Unit in June 1966. Analysis of Encore problem areas suggested a lack of user maintenance, coupled with the heat, humidity, and dust of Vietnam, which lead to most equipment failures. At the end of this reporting period, there were 169 Army dentists in Vietnam, and 102 Encore High Speed Dental Units. Sufficient units have been ordered to equip all dentists, and to provide sufficient maintenance floats.

Observations: An assessment of the problems was sent to the Surgeon Generals' Office, and maintenance courses for enlisted personnel have been initiated. The first class was given on 18 July 1966. A maintenance directive has been prepared and distributed to all dental clinics, which have Encore units.

### INCOMPLETE DENTAL RECORDS

9. Item: Graves Registration is experiencing difficulty in identifying deceased personnel. They have requested that dental treatment records be more complete.

Discussion: A survey of 1,103 records at the 90th Replacement Battalion of incoming personnel indicated that about 7% have no dental records. A significant number of those who did have dental records were found to be inadequate for identification purposes.

Observations: Guidance was sent to all dentists advising them of the problem, and the need for accurate dental records.

### LOSS OF PROFESSIONAL MAN HOURS

10. Item: Dentists arriving prior to their equipment can not be efficiently utilized.

Discussion: The 38th, 39th, and 40th Medical Detachments (KJ) each have fifteen (15) dentists, and arrived in Vietnam in May and June 1966. These teams required an average of 38 days from arrival in-country to become operational. From past experience, fourteen (14) days are required for a team (KJ) to become operational. The difference of 24 days was due to teams arriving prior to their equipment. There has been a loss of professional man-days, because there has been insufficient vacant chairs to utilize all of these officers, while awaiting equipment.

Observations: Recommendations have been made by the USARV Dental Surgeon to the Surgeon Generals' Office, that junior dental officers not take part in unit establishment, but fly to Vietnam after arrival of the team equipment. A small percentage of the dentists were utilized to occupy vacancies created by R&R, leave, and team vacancies.

### LACK OF REFRIGERATION

11. Item: The high heat and humidity of Vietnam has made dental waxes difficult to work, ruined deliquescent materials, such as disclosing wafers, caused rapid deterioration of drugs, such as aspirins, and X-ray processing is extremely difficult at 95 to 100° temperature.

Discussion: Refrigerators for each dental clinic solves many of these problems. It provides ice to cool X-ray solutions, it keeps waxes and biologicals cold and is an excellent dehumidified compartment. Not all items are suitable for storage in refrigerators, so guidance has been issued on preparation of hot boxes and chemical anti-mildew compounds. Air conditioners are an excellent solution, if suitable buildings and power are available.

Observation: Of the 43 Dental clinics, 14 are air-conditioned. Units have been instructed as to the method for program air conditioners for operating in permanent and semi-permanent type building, where sufficient power is available. Refrigerators have been ordered and procured by most clinics.

#### GENERATOR REQUIREMENTS

- 12 Item: The addition of non TOE equipment has increased the requirement for electrical power.

Discussion: The TOE of a Dental Detachment (KJ) was not designed for a cantonment-type war. The organizations of fortified logistical bases with stable clinics has lead to the requisitioning of non TOE items, such as high speed dental machines, autoclaves, X-ray machines, refrigerators, electric denture curving units, fans, and air conditioners. The Medical Detachment (KJ) is authorized 22.5 KW of generator power. One (1) 45 to 60 KW is needed to operate dental team in Vietnam.

Observation: Generators of 10, 15, or 30 KW have been ordered in sufficient number to meet the needs of all teams. These generators are in short supply and long delays have been experienced.

#### AREA DENTAL SERVICE

- 13 Item: The Brigade has two command channels controlling dentists in Vietnam. Large logistical areas will have dentists furnishing area dental support and answering to each of these command channels.

Discussion: Medical Groups control eighteen (18) dentists in the medical dispensaries. The 932d Medical Detachment (AI) controls 120 dentists through the Dental Detachments (KJ). In the large logistical areas of Qui Nhon, Nha Trang, Cam Ranh Bay, Long Binh, Bien Hoa, Vung Tau, and Saigon, there are dental units representing both command channels, and some of the clinics are staffed by dentists from several units. The Long Binh-Bien Hoa area, for example, has six (6) clinics and twenty-two (22) dentists, staffed by eight (8) medical units of the 44th Medical Brigade. There is a definite need for single control of area dental support. Responsibility would be in coordinating dental matters and administrative activities, so that the small clinics remain staffed, and prevent duplication of effort. This control agency would recommend staffing changes or new clinic locations.

Observation: A letter has been sent to senior dental officers in the large logistical areas stating the need for coordination with all brigade units, and placing upon them the responsibility for working with the commanders of the Medical Groups, to ensure complete dental coverage.



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### MEDICAL BRIGADE TOE

- 18 Item: Certain personnel assigned to the Plans, Operations, and Intelligence Section, do not work as a part of this section, and therefore, should not be listed in this section in the brigade TOE. TSC  
CR

Discussion: The Preventive Medicine Officer, the Chief Dental NCO, and the Chief Preventive Medicine Specialist do not function as a part of the Plans, Operations, and Intelligence Section, and should be listed in either the Detachment Headquarters, or in the Personnel and Administration Section of the brigade TOE.

Observation: These personnel do not perform a mission in Plans, Operations, and Intelligence, and should not be listed in this Section.

### CLERK-TYPISTS

- 16 Item: Additional clerk typists are in desperate need in the Plans, Operations, and Intelligence Section of the brigade Headquarters. TSC  
OK

Discussion: Currently, the three (3) assigned clerk typists authorized by TOE, even though working eleven (11) hours, seven (7) days a week are unable to maintain a stable work flow of the correspondence generated on a daily basis.

Observation: A minimum of four (4) trained and experienced clerk typists are now needed in the Plans, Operations, and Intelligence Section of brigade headquarters.

#### ENLISTED MOS 91Z50

- 17 Item: Difficulties have been experienced with enlisted personnel awarded the MOS 91Z50, who are not qualified to perform duties in the operations.

Discussion: This MOS has been awarded to individuals who do not possess the necessary experience or interest in the operations field. As there is no school available for this training, only enlisted men in grade E6 or above, who have had field type training, and are well-versed in medical operations should be awarded the MOS 91Z50.

#### LIGHT TRUCK DRIVERS

- 18 Item: Clerk typists performing duties as light truck drivers impose a hardship upon the functions of the Plans, Operations and Intelligence Section.

Discussion: It is impossible for clerk typists to efficiently perform the duties of light truck drivers as required by the present TOE structure for this section. Much time must be devoted to driving and maintaining these vehicles, and this requires additional enlisted personnel to adequately fulfill this responsibility.

Observation: Two vehicle drivers should be added to the brigade TOE for the Plans, Operations, and Intelligence Section, and classified solely as drivers, and not as clerk typists. This should be in addition to the assigned clerk typists.

#### CLASSIFIED DOCUMENTS

- 19 Item: Proper safeguarding and accountability of classified documents.

Discussion: Classified documents, their storage and safeguarding, is the responsibility of the brigade S3, and one of the assigned officers is designated as Custodian of Classified Documents. He stores all documents of a classified nature, whether they pertain to S1, S3, S4 or any other staff section. The Custodian of Classified Documents should be the Adjutant, and officers from each staff section should be alternate custodians. All correspondence, whether classified or unclassified should be routed through the Adjutant.

Observations: For better control of classified documents, and better unity of staff responsibility, the Custodian of Classified Documents should be the Brigade Adjutant.

#### PLANS, INTELLIGENCE AND OPERATIONS SECTION

- 2a. Item: The present organization of the Plans, Operations, and Intelligence Section is not adequate for the mission being performed by this section.

Discussion: The Plans, Operations, and Intelligence Section should be reorganized to provide the necessary staff officers in addition to a Brigade Aviation Officer. The titles of certain staff officers should be changed to better describe the responsibilities of these officers. All Medical Statistics functions should be a part of the Plans, Operations, and Intelligence Section. At present the Statistical officers and personnel are listed under the Personnel and Administration Section by TOE.

Observation: The following is the recommended reorganization of the Plans, Operations, and Intelligence Section of the Medical Brigade:

One (1) Lieutenant Colonel (MSC)	-----S3
One (1) Lieutenant Colonel (MSC)	-----Aviation Officer
One (1) Major (MSC)	-----Assistant S3
One (1) Major (MSC)	-----Intelligence and Medical Regulating Officer
One (1) Major (MSC)	-----Medical Statistics Officer
One (1) Captain (MSC)	-----Operations Officer
One (1) Captain (MSC)	-----Assistant Medical Statistics Officer
One (1) E9	-----Operations Sergeant
One (1) E8	-----Assistant Operations Sergeant
One (1) E5	-----Clerk Typists
Six (6) E4	-----Clerk Typists
One (1) E6	-----Medical Records Sergeant
One (1) E4	-----Medical Records Specialist
Two (2) E4	-----Light Truck Driver

#### FILE EQUIPMENT

- 2a. Item: The necessity for file equipment as a part of the brigade TOE.

Discussion: The accomplishment of even routine administration requires basic filing equipment to be responsive to the requirement for ready access to vital information. The use of cardboard or wooden boxes is not sufficient for such a demanding situation.

Observation: Headquarters units deploying to Vietnam should be advised of this requirement, the availability of such equipment in-country, and what should be brought with the unit. This equipment should be added to the brigade TOE.

#### PUBLICATIONS

22. Item: Inadequate amount of administrative publications.

Discussion: A headquarters unit cannot be expected to function without a rudimentary supply of reference material.

Observation: Headquarters units deploying to Vietnam should be advised to provide themselves with the basic requirement of DA publications. Also, each headquarters in Vietnam should maintain a packet of basic directives, to be given to a unit upon arrival in country, by the sponsoring unit.

#### STAFFING

23. Item: The limitation of unit TOE's.

Discussion: The Table of Organization for a unit is frequently found to be inadequate to accommodate the operational requirements of a unit, especially a previously untested one, such as that of the Medical Brigade. The present procedure for accomplishing a modification is unresponsive to the immediate needs of the present situation in Vietnam.

Observation: Efforts should be made to authorize TOE modifications at the command level, without reference to Department of the Army.

#### REPRODUCTION EQUIPMENT

24. Item: Reproduction equipment provided by the TOE of the brigade is inadequate.

Discussion: The immediate requirement for the publishing of directives for all subordinate units quickly overloaded the field mimeograph machine to the point it ceased to function. A small ditto machine has been used as a supplemental machine, but is inherently limited in the number of copies which can be printed. An electrastatic copying machine was purchased in excess of TOE, but servicing capability is limited in Vietnam. Consequently, the machine has been frequently inoperable.

Observation: A headquarters unit of brigade size should be provided with reproduction equipment capable of operating all day, every day, and flexible enough to accommodate all sizes and volumes of material. Arrangements for maintenance should be made early, and should be responsive to all needs, to preclude excessive periods of inoperability.

## MEDICAL REGULATING COMMUNICATIONS

25. Item: Insufficient communications capability and the inadequacy of telephone communications for Medical Regulating.

Discussion: Medical Regulating is a function which demands excellent communications, preferably radio (SSB), for a smooth and efficient operation. The long distance telephone system, as it presently exists in Vietnam, is not dependable. The prompt and timely movement of medical patients (serious and routine) requires the Medical Regulating Officer to spend numerous hours on the telephone trying to contact the necessary personnel who conduct these patient transfers. This movement must be coordinated and controlled over great distances, on a 24 hour basis, and definitely requires the establishment of a specific radio or hot-line telephone net, which is not presently authorized by the brigade TOE. Action has been taken to obtain a limited number of KWM-2A (SSB) radio sets for use in medical regulating, but without success. This would presently require a radio and a minimum of two (2) trained operators at each Medical Group headquarters. This system has another advantage, in that it could also be used to send urgent unclassified traffic between brigade and the Medical Groups. At present, such a system is urgently needed, and is justified due to the amount of unnecessary delay which could be prevented, through the ability to quickly coordinate the timely movement of patients in-country, as may be required.

Observation: A change should be made to the TOE of the Medical Group, authorizing the addition of one (1) KWM-2A (SSB) radio and two (2) trained operators, and to the brigade TOE authorizing an addition of two (2) KWM-2A (SSB) radios, and two (2) trained operators.

## PART II, RECOMMENDATIONS

✓ 1. It is recommended that patient treatment facilities and other medical units be authorized additional equipment to operate in the tropical climate of Vietnam, such as air conditioners, ice machines, refrigerators, and freezers, as may be required in the accomplishment of their medical missions. NIA

✓ 2. It is recommended that medical supply personnel be well-trained, particularly in the area of stock control and property book procedures prior to being sent Vietnam. Evacuation Hospitals should also be authorized a long-course medical maintenance specialist, in addition to the short-course specialist already authorized. D-241 R

3. It is recommended that the Medical Detachment Team (KJ), Dental Service, and the dental sections of hospitals, convalescent centers and dispensaries scheduled for Vietnam, should have their TOE augmented with equipment which will allow them to function more efficiently in Vietnam. Items such as fans, T-36

refrigerators, X-ray machines, 15KW and 30KW generators, autoclaves, inhalators and aspirators should be given priority.

4. In view of problems encountered by the Personnel and Administration Section, it is recommended that MTOE be prepared as soon as possible to authorize a Detachment First Sergeant, E8, an additional Clerk Typist, to process awards and decorations, and a Personnel Officer )-3. In addition, the MTOE should provide for a heavy duty mimeograph machine, as well as an electrostatic copy machine, to accommodate the excessive reproduction workload.

5. To provide adequate staffing for the veterinary command and control unit, it is recommended that the TOE of the Team JB be changed to replace the Lieutenant, MSC, MOS 3506 with a Captain, MSC, MOS 2110 and that the team be augmented by the addition of one (1) operations and training NCO, E7, MOS 91R40; one (1) supply sergeant, E6, MOS 76K40; one (1) personnel management specialist, E5, MOS 71H40; one (1) senior wheel vehicle mechanic, E5, MOS 63B20 and one (1) clerk typist, E4, MOS 71B20.

6. It is recommended that approval of the request for additional veterinary units be expedited. Support of field operations and the importance of veterinary service as an integral part of the pacification program have been recognized. The request for additional personnel was previously made in a letter of 30 July 1966 from Headquarters, 1st Logistical Command to the Commanding General, USARV.

7. It is recommended that the communications problems existing with regard to the use of local and long distance telephone systems be resolved by the addition of sufficient long range radio equipment (preferably single-sideband radios, KWM-2A). This urgent need is especially evident in performing the functioning of Medical Regulating, which must be done over great distances.

*Louis A. Van Osdel, Lt Col, M.C.*  
RAY L MILLER  
Colonel, MC  
Commanding

AVCA GO-H (15 August 1966) 1st Ind  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1966 (RCS CSFORM-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 13 SEP 1966

TO: Commanding General, United States Army, Vietnam, ATTN: AVO-DR  
APO 96307

1. Forwarded in accordance with AR 1-19 and USARV Regulation 870-2.
2. Concur with the comments and recommendation of the commander except as noted below.
3. Reference Section I paragraph 10: Under the COMBAT concept, the Medical Brigade is to be supported by a Personnel Service Company which in this instance is the local Support Command Personnel Section.
4. Reference Section I paragraph 11: Staffing for all deploying units, particularly in the personnel and administrative areas, is based on optimum conditions and full availability of back-up administrative type support which is not available in-country. Unit has been advised that request for relief should be submitted by IMMEDIATE action.
5. Reference Section II Part I paragraph 5: Letter was forwarded to each Support Command informing the Commander that he is responsible for the proper operation of sanitary fills in his command. In addition this subject has been discussed at an Area Engineer Conference with further guidance provided in 1st Logistical Command Regulation 420-47, Sanitary and Utilities - Refuse Collection and Disposal, dated 17 August 1966. The sanitary fills specifically mentioned are now being operated properly.
6. Reference Section II Part I paragraph 7: The Medical Clearing Company is authorized and equipped under the provisions of TME 8-123E, which provides for one chaplain (Capt) 5310. Reports of chaplains serving with these units indicate a continued need for chaplains at clearing companies. CH
7. Reference Section II Part I paragraph 11: Air conditioners are available and may be obtained in accordance with USARV Regulation 420-54.
8. Reference Section II Part I paragraphs 19 and 20: The proposed plan of making the adjutant the Custodian of Classified Documents is acceptable. Under the proposed reorganization, there are no intelligence personnel recommended other than one officer position shown as having a dual function. A definite need exists for a full time intelligence staff within a brigade size unit. Unit is being advised to reconsider the proposed organization to include additional intelligence personnel.



AVCA GO-H (15 August 1966)

1st Ind

SUBJECT: Operational Report - Lessons Learned For Quarterly Period  
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9. Reference Section II Part I paragraph 25: The recommended change has been submitted.

10. Reference Section II Part II paragraph 7: Emergency requisitions have been submitted requesting this equipment.

C. W. EIFLER  
C. W. EIFLER  
Major General, USA  
Commanding